

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/647801 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT														
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1	1		1		1		81							1					
2	1			X			82	1						1					
3	1			1		1	83	1						1					
4	1		1		1		84							1					
5	1	2		4		1	85							1					
6	1			X			86	1						1					
7	1			X			87	1						1					
8	1			X			88	1						1					
9	1			X			89	1						1					
10		3		4		4	90	1						1					
11		3		X		4	91	1						1					
12		3		4		4	92	1						1					
13		3		4		4	93	1						1					
14		3		4		4	94	1						1					
15		3		4		4	95	1						1					
16		3		4		4	96	1						1					
17	1			X			97	1						1					
18		1		1		1	98	1						1					
19		1		1		1	99	1						1					
20		1		1		1	100	1						1					
21		1		1		1													
22		1		1		1													
23		1		X															
24		1		X															
25		1		X															
26		1		X															
27		1		X															
28		1		X															
29				1		1													
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46				1		1													
47				1		1													
48				1		1													
49				1		1													
50				1		1													
TOTAL IND.	4		2				TOTAL IND.							2					
TOTAL DEP.	24		54				TOTAL DEP.	21						35					
TOTAL CLAIMS	32		56				TOTAL CLAIMS	21						37					